

Testimony of Michael Weinstein  
President of the AIDS Healthcare Foundation

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at the Senate Federal Financial Management Hearing

As the President of the largest AIDS organization in the United States I am deeply concerned about the lack of access to HIV medical care for a half a million Americans. As we approach the 25<sup>th</sup> anniversary of the identification of the first cases of AIDS I am troubled by our lack of progress in treating HIV and controlling the epidemic in this country. Our number one priority in all matters relating to AIDS should be protecting the public health. With half the people who are positive not in treatment including many who do not even know their status we cannot control the spread of this disease nor adequately help the people who have it.

AIDS Healthcare Foundation's primary mission is the medical treatment of HIV in this country and across the globe – serving 32,000 patients. In several of the communities AHF serves HIV patients are dangerously underserved. As an example, Alameda County, which includes Oakland, is only spending ten percent of its Ryan White monies on primary medical care. The Magic Johnson Clinic we operate there is largely unfunded. Specialty referrals are almost impossible to obtain. Despite the fact that the County has declared a state of emergency around HIV much more money is being spent on social services than medicine. At our Magic Johnson Clinic in Jacksonville, Florida the situation is similar.

Ten years after the discovery of the miraculous drug cocktails that have made HIV a treatable illness we are treating HIV as it is the death sentence it was in the 1980s. We reauthorized Ryan White five years ago without making the necessary adjustments to reflect the progress we have made in treating the disease and there are some who would have us do this again this year.

We know what it takes to control this disease. We must identify most of the carriers and get them into treatment. And we must effectively educate the uninfected population. Despite billions of dollars a year in expenditures to combat AIDS we are failing on all counts. One need merely look at the numerous countries both rich and poor that are succeeding where we have failed to understand why. We don't do enough tests. We don't provide enough funding to treat. We are spending too much money on the drugs. We are not putting sufficient responsibility on the infected person to protect their partners.

Until we have treatment readily available to everyone who needs it we will continue to have more and more AIDS cases. Until testing is taken out of the rarified atmosphere of an anonymous test site and integrated into mainstream medical cares in hospitals, clinics and doctor's offices we will not identify many of the people who are positive. Until we tell the drug companies that the US Government will not write a black check for purchasing HIV drugs we will continue to have waiting lists for the AIDS Drug Assistance Program. Until we are honest with people about

the consequences of becoming infected by HIV, which is not the day at the beach the way that the drug company ads portray it as, we will continue to fail to fight AIDS effectively in America.

The solutions are quite simple.

If you want to improve access to care require that the lion's share of Federal dollars be spent treating the disease. We are doing this in Los Angeles. The result is a vast network of outpatient clinics both public and private across the vast geography of Southern California. Alameda County would have the same diversity of treatment options if most of their money were not being spent on food, housing, transportation, case management and everything else.

If you want to find more positives you need to test more people in a fast, convenient and cost-effective manner. Routine testing in health care settings without onerous counseling requirements is the only way to go.

If you want to make drugs more accessible to more patients you cannot pay higher and higher prices for each new generation of drugs, including those that are developed at government expense, thus eating up most of the new money that the Congress has appropriated.

If we identify more people who are positive and get them into treatment the number of new infections will go down. If it goes down below the number of deaths then the

number of people living with HIV will be less each year rather than more.

We need the resolve to put the money where it is most needed to stop AIDS. Rural areas and cities with emerging epidemics must get a bigger piece of the pie. Distributing funds based upon where the epidemic was ten years ago will not help us fight it where it is found today. The people most hurt by this are people of color who represent the overwhelming majority of new cases of AIDS.

Public health and politics are a dangerous mixture. Too many decisions about how to address AIDS have been made on the basis of how one constituency or another must be appeased. This has led to a piece-meal, half-hearted approach that has led us to where we are now. There is no more fundamental function of government than the protection of the public health. I strongly urge the Congress to reauthorize the Ryan White Care Act in a fashion that will protect generations to come from this devastating illness. And I would ask you to take another look at other areas of AIDS spending such as vaccines and research where there is enormous waste of public resources. If these changes are adopted now I am confident that in the United States, as happened in Uganda, that this month I visited for the eighth time, we will have less AIDS down the road rather than more.

Thank you.